

REIMBURSEMENT VOUCHER 2013 DUI CHECKPOINT STRIKEFORCE January – June, 2013

1. Agency Name:	Agency Name:		2. Project Number:			3. Voucher Number:	
4. Period of Claim:		5. Signa	ture:		6. Date:		
Project Cost	7. Approved	8. Amount	9. Federal Share	10. F€	ederal Share	11. Unclaimed	
Summary	Project	of this	Previously	of Expenditures to		balance to date	
	Total	Claim	Claimed		date		
PERSONAL SERVICES:							
Impaired Driving							
Impaired Driving							
TOTALS:							

Formulas: Column 8. + 9. = 10. Column 7. - 10. = 11.